State of Montana
Unemployment Insurance Program
ELECTRONIC MEDIA REPORTING
of Employer Quarterly Reports

Cartridge
Diskette
CD

Unemployment Insurance Program
Department of Labor & Industry
P.O. Box 6339
Helena, MT 59604-6339

Contents

ELECTRONIC MEDIA REPORTING
FOR UNEMPLOYMENT INSURANCE TAXES

The Montana Unemployment Insurance (UI) Program of the Department of Labor & Industry is able to accept quarterly tax and wage reports from employers on 3 1/2" diskettes, CDs and cartridge tapes. UI encourages employers to file their quarterly reports and wage detail listings in electronic media format rather than paper forms. We believe this will save time for both you and the agency in processing your report, and result in more accurate wage and tax information in our files. Since accurate data is the key to proper tax payments and to timely UI benefit payment processing, everyone stands to benefit from electronic reporting.

Montana uses the nationally accepted Interstate Conference of Employment Security Agencies (ICESA) format, specifying record type "S" for state quarterly unemployment wage detail listing. This booklet contains the specifications and instructions necessary to use this format. The following pages describe the record types required to process your files properly. They must be followed **exactly**.

If desired, an employer may electronically submit wage information only. In this case, the tax information must be submitted on a paper quarterly report (UI-5) form with the payment attached. If you file the entire report electronically (wage and tax data), you will still receive a payment transmittal form (UI-5E) to send in a payment.

Your UI payment and diskette, cartridge or CD must be postmarked on or before the last day of the month following the close of the quarter to avoid being classified as delinquent. We prefer that the UI-5 and attached payment is enclosed with the diskette(s), CD(s), or cartridge(s). If you are sending a UI-5E with payment, it must be postmarked on or before the last day of the month following the close of the quarter. **New Penalty & Interest legislative changes have been put into production. The late file penalty is a flat $25 fee. The interest is 1.5% per month (18% annual - no cap) on late payments and affects all reports filed from first quarter 2005 forward.**

We encourage submission of UI tax and wage information via cartridge, diskette or CD. *If you have questions electronic filing, please call the UI Electronic Media Coordinators at (406) 444-6963 or (406) 444-1874 Monday through Friday 8:00 a.m. to 4:00 p.m. Mountain Time.*

General Requirements and Procedures for Reporting

Only one quarter may be included on a cartridge, diskette, or CD regardless of the number of employers. A file with multiple quarters will be rejected. Please submit only original quarterly information electronically.

Amended reports must be submitted on hard copy. All amended reports must include the complete original report, not just the amended information.

All quarterly employee wage data for an employer must be submitted via either electronic media or hard copy. Do not split employer wage reports between electronic media and hard copy, or between two different types of electronic media. If you use electronic media to report wage data only, all wage data must be reported on the same type of media. Similarly, if you use electronic media to report tax data only, all tax data must be reported on the same type of media. In these cases, the remaining information may be submitted to the UI Program using a UI-5 Quarterly Report.

External Labels
All cartridges, diskettes and CDs must have an external label with:
Employer's Business Name
Employer's Montana UI Account Number
Year and quarter on the cartridge, diskette or CD.
Cartridge number (for internally labeled cartridges)

Multiple Employers
You may submit wage and/or tax data for more than one employer via electronic media. Remitters submitting information for more than one UI employer account number on a cartridge, diskette or CD should list the remitter name and mailing address on the label. The label should contain the name and UI account number of each employer on the file. If additional space is needed, include a separate listing of the employer names and account numbers for each cartridge, diskette or CD submitted. The separate listing must include the tax-reporting period, the remitter name and mailing address.

Application and Test Files
Before you start submitting via electronic media, you must complete the Reporting Application form (enclosed at the end of this booklet). Mail the application and a test cartridge, diskette or CD file at least three months before the due date of the report you wish to submit via electronic means to the UI Program. Please mark the cartridge, diskette or CD **"For Test Purposes Only"** on an external label. We will notify you of the test results. If the test was not successful, we will provide an explanation of any problems encountered while processing the test and additional tests will be required.

If you send electronic media containing wage and/or tax data for more than one employer, you need to complete only one application form covering all employers included on the file. Attach a list showing the business name and Montana Unemployment Insurance employer account number of each employer. For identification purposes, record the agent's name in the space provided on the application form.

Magnetic Cartridge Technical Requirements for Reporting

Cartridge

Must be unpacked mode on either 3480 or 3490 cartridges.
Our program has the ability to read:

> ➢ 3490 cartridges compressed, or non-compressed. If the 3490 cartridge is compressed, it must be compressed with IDRC (hardware data compression)
> ➢ 3480 cartridges written on 3490 drives with IDRC (hardware data compression)
> ➢ 3480 cartridges written on 3490 drives that have not been compressed
> ➢ 3480 cartridges written on 3480 drives

The cartridges must be 18 tracks and 38,000 BPI. We **cannot** read 36 track 76,000 BPI 3490E or ECART cartridge.

Internal Labels

- We will accept labeled magnetic cartridge files in accordance with the guidelines below. Labels must not contain security encoded bytes. If your system cannot produce labels as described below, send a no-label tape file; i.e., a tape file with data records only.

    1. Cartridges with IBM OS/VS STANDARD header and trailer labels are preferred.
    2. Transmitters that cannot produce IBM OS/VS internal labels or no-label tapes may use other labels, as described below.
    3. Each segment (record) of a set of labels (i.e. VOL1 + HDR1 + HDR2 = a set of header labels) must contain 99 or fewer characters.
    4. Header and trailer labels must be written in the same density as the data records.
    5. Header labels must precede data and be separated from the data by one (1) tapemark.
    6. Trailer labels must follow the data and must be separated from the data by one (1) tapemark.

Character Sets

- Magnetic tape recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC) is preferred.
- American Standard Code for Information Interchange (ASCII) will be accepted. LOWER CASE LETTERS ARE NOT ACCEPTABLE ON MAGNETIC CARTRIDGE.

Logical Record Length

- Each record must be a uniform length of 275 (or 276) characters. **A 275-character record is preferred.** If your system cannot produce an odd number record length, a 276-character record will be accepted. In cartridge files with a record length of 276, the 276th character must contain a blank, which is coded in the same character set as the first 275 characters. For example, if the first 275 characters are coded in or translated to EBCDIC, character 276 must also be coded in or translated to EBCDIC. Logical records **MUST NOT** be prefixed by record descriptor words or block descriptor words.

Physical Records

- Each physical record (= a block of logical records) must be a uniform length. The length must be a multiple of the logical record length. Physical records **MUST NOT** be prefixed by block descriptor words. If a logical record length of 275 is being used, the largest acceptable physical record is 23,375. If a logical record length of 276 is being used, the largest acceptable physical record is 23,460. Any cartridge containing physical records larger than 23,460 characters in length will be returned unprocessed.

Blocking Factor

- The blocking factor on magnetic cartridge files must not exceed 85. The use of 85 logical records per block on 3480 or 3490 cartridges is preferred.
- One logical record per block on cartridge files from systems that cannot generate the record length of 275 or 276, with the physical record size a multiple of 275 or 276 is required. Example: DECVAX Systems.
- When creating a magnetic cartridge, choose the option in your system which permits you to designate record length as well as blocksize. Also, be sure to remove line feed, carriage return and all other record delimiters from your records. These characters are often masked. If used in a magnetic cartridge, these characters create a record length that disagrees with these specifications.

Consolidated Files

- Transmitters of Unemployment Insurance Information are urged to minimize the number of files they submit when reporting information for multiple employers or for multiple work sites of a single employer.

Packaging Magnetic Tapes for Mailing

- Package the magnetic tape with an external label on each cartridge and with the appropriate transmittal forms, together in a box with proper padding to prevent damage in transit. It is not necessary to use an oversized box for a cartridge. Use disposable cartridge containers, as we will not return special containers.

Diskette/CD Technical Requirements for Reporting

File Name
- The file name must be UIWAGE.TXT. It **MUST** be in the root directory.
- A diskette or CD must not contain more than one file. If more than one file of Unemployment Insurance wage and/or tax information is being submitted, each file must be named UIWAGE.TXT and each file must be placed on a **separate** diskette or CD. No files other than UIWAGE.TXT should be included on a diskette or CD. (Exception—see "Multiple-Volume Submission" in this section.)
- Transmitters of Unemployment Insurance wage and/or tax information for multiple employers should avoid creating a separate file and a separate diskette for each employer.

Operating System
- All 3½" diskettes and CDs must be created using an MS-DOS "double-density" or "high-density" operating system format.
- If you do not have a MS-DOS operating system, you may still be able to create MS-DOS compatible diskette or CD files. Some operating systems, e.g., UNIX, XENIX and APPLE, may have a DOS shell that can be used to create these files. For UNIX/XENIX based systems use DOSCP command to create an MS-DOS compatible file. Check your operating manual.

Character Set
- Data must be recorded on 3½" diskettes using the ASCII-1 character set. **ASCII is the only acceptable character set for diskette or CD reporting. EBCDIC is not acceptable for diskette or CD reporting.**

Record Length
- Each record in a file MUST be 275 characters in length. Data must be entered in each record in the exact positions detailed just as for magnetic cartridge format.

Formatting
- Data sent on 3½" "high-density" diskettes MUST be formatted to the density specified by the diskette manufacturer.

Delimiters
- Record delimiters must be used. They must follow the last character of each record.
- The record delimiter must consist of two characters and those two characters must be carriage return and line feed. The ASCII-1 hexadecimal value for the carriage return character is 0D (zero and letter D); the ASCII-1 hexadecimal value for the line feed is 0A (zero and letter A). The ASCII-1 decimal values for the two characters are 13 and 10, respectively.
- A record delimiter must appear immediately after the last character of each record. The carriage return character and the line feed character will be placed in positions 276 and 277, respectively.
- **DO NOT** place a record delimiter before the first record of the file.

- **DO NOT** place more than one record delimiter i.e., more than one carriage-return/line-feed combination, following a record.
- **DO NOT** place record delimiters after a field within a record.

Multiple-Volume Submission

- A multiple-volume diskette submission is a submission for which the number of data records exceeds the capacity of a single diskette, so the data must be continued on to one or more subsequent diskettes, i.e., volumes. A multiple-volume diskette submission properly begins with a Code A record on volume 1 and ends with a Code F record on the last volume.
- Only the file "UIWAGE.TXT" on volume 1 of a multiple-volume diskette file should begin with a Code A record. Each volume after volume 1 should contain a file named "UIWAGE2.TXT" for the second volume and "UIWAGE3.TXT" for the third volume, etc. Each file should begin with the record which properly follows the last record on the preceding volume/file. For example, if volume 1 ends with a Code S record, volume 2 begins with the next Code S record or with the Code T record for that employer.
- The external diskette labels for a multiple-volume submission **MUST** indicate the proper sequence (e.g., VOL 2 of 3) for processing.

Mailing diskettes and CDs

- **Do not** enclose the diskettes or CDs in the payment return envelope. Please use a diskette or CD mailer to mail the diskette or CD.
- We are not responsible for damage to the diskette(s) or CD(s) caused by postal services.
- Mail the diskette or CD and payment(s) for the employer(s) reported on the diskette(s) or CD(s) to the Unemployment Insurance Program at the address listed on the cover of the pamphlet.
- All diskettes and CDs will be securely stored for a given time, then the information on the diskettes will be erased and the diskettes or CDs will be destroyed.
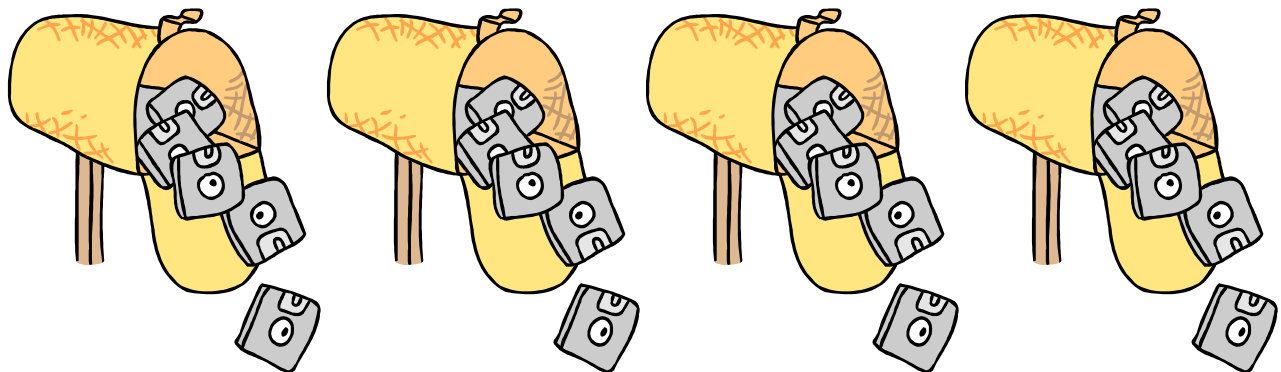
Spreadsheet Technical Requirements for Reporting

These requirements will allow an employer to send an Excel spreadsheet document on diskette or CD that would otherwise have been printed and sent to DLI for manual entry. While the exact spacing of the report is not critical, there are several rules that must be followed in order to allow successful decoding of wage information. The following is intended to be an alternative to the filing of a paper wage listing (UI-5A or UI-5 step 2 wage listing) form. This **DOES NOT** excuse the employer from filing the quarterly tax report (UI-5).

General Requirements
- ONLY ONE EMPLOYER may appear in each file. However, multiple FILES may be included on a diskette or CD.
- To make identification easy for all, the file name MUST be the Customer ID number shown on the UI5 form. If the Customer ID is 012 3456, the file name should be 0123456.XLS.
- The diskette or CD **MUST** be labeled externally with the Customer ID, Federal ID number (FEIN), Business name, and tax reporting period.
- The file may contain heading information that would normally appear in a printed report.
- The file **MUST** contain data in a columnar format. Specifically, there must be FOUR distinct columns. One for each of the following and in the following order: Social Security number (SSN), employee name, gross wages and excess wages.

Social Security Number
- The SSN **MUST** contain at least 9 digits. (ex. 001-23-4567 must be keyed with leading zeroes 001234567) The use of hyphens is optional.
- There **MUST** be at least one space between the last digit of the SSN and the first character of the name.

Employee Name
- The name may be any format as long as the last name is shown first.
  - Examples of valid names:
    - DOE, JOHN (comma delimited last name, first name)
    - SMITH   SAM (last name followed by a tab or space character)
  - Examples of **INVALID** names:
    - JOHN DOE (last name **MUST** come first)

- There **MUST** be at least one space between the last character of the name and the first character of the wage amount.

Wage Amount

- The amount MUST be to the right of the name column. It may contain a decimal point, commas or a dollar sign. If no punctuation is included, it will be assumed that the final two digits of the number are the cents. (Excess Wages should be in the rightmost column and can be typed the same as the gross wages.)

        Examples of valid amounts: $123,456.78
                                       123,456.78
                                       123456.78
                                       12345678

        NOTE: the four examples above represent the same dollar amount.

- The report **MAY NOT** contain page totals.
- The report **MUST** contain a grand total of wages reported for Montana.
- The format for the grand total line is for the word "TOTAL" or "TOTALS" to appear in the name column. The grand total of wages MUST be formatted the same way the amount for each employee is formatted.

ABC COMPANY 123 MAIN ST ANYTOWN, MT 59000	UI ACCOUNT NO: 012 3456	FEIN: 12-3456789	
SSN	NAME	GROSS WAGES	EXCESS WAGES
111-11-1111	DOE, JOHN	4567.89	0
222-22-2222	SMITH, SAM	1234.00	0
	TOTALS:	5801.89	0

ICESA FORMAT
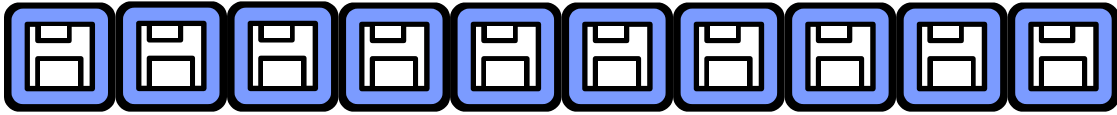
In the ICESA format, the output records must be arranged as follows:

* There can be only one 'A', 'B', and 'F' record per cartridge, diskette, or CD.
* Each 'E' record must be followed by at least one 'S' record. (Exception - if the "No Workers/No Wages" field contains a zero, there may not be any 'S' records for that employer.)
* One 'T' record must follow the last 'S' record for each set of 'E' and 'S' records. (Exception - 'T' record must follow the 'E' record if the "No Workers/No Wages" field contains a zero.)
* One 'F' record must follow the last 'T' record and must be the last record on the file.

For single employer filer with 'S' records:
A, B, E, S, S, . , . , . , . , S, T, F

For single employer filer with no 'S' records:
A, B, E, T, F

For multiple employer filer:
A, B, E, S, S, . , . , . , . , S, T, E, S, S, . , . , . , S, T, E, T, S, S,.,.,.,.,T, F

Pages 12 - 23 provide detailed specifications and locations of records.

Data Record Descriptions

Code A: Transmitter Record
- Identifies the organization submitting the file.
- Must be the first data record on each file. For multiple volume diskettes, see "Multiple-Volume Submission" in the Diskette Technical Requirement section.

Code B: Authorization Record
- Identifies the type of equipment used to generate the file.
- Must be the second data record on each file. For multiple volume diskettes, see "Multiple-Volume Submission" in the Diskette Technical Requirement section.

Code E: Employer Record
- Identifies an employer whose employee wage and/or tax information is being reported.
- Generate a new Code E each time it is necessary to change the information on any field on this record.

Code S: Employee Record
- Used to report wage data for an employee.
- Should follow its related Code E record or it could follow an associated Code S record, which in turn follows a related Code E record.
- Do not generate a Code S record if only blanks would be entered after the record identifier.
- There should be no Code S records if "No Workers/No Wages" field on preceding Code E record contains a zero.

  Name formats on the Code S Record
    - Must agree with the spelling of the name on the individual's Social Security Card.
    - Parts of a compound surname must be connected by a hyphen. Single letter prefixes (e.g., "O", "D") must not be separated from the rest of the surname by a blank, but should be connected by an apostrophe.
    - Punctuation may be used when appropriate.
    - Lower case letters are not acceptable.
    - Do not include any titles in the name. Titles make it difficult to determine an individual's name and may prevent properly crediting earnings data.

  Money Amounts
    - All money fields are strictly numeric.
    - Must include dollars and cents with the decimal point assumed.
    - Do not use any punctuation in any money field.
    - **NEGATIVE (CREDIT) MONEY AMOUNTS ARE NOT ALLOWED.**
    - Right justify and zero fill all money fields.
    - In a money field that is not applicable, enter zeros.

Code T: Total Record
- Contains the totals for all Code S records reported since the last Code E record.
- The totals must all be zeros if there are no Code S records because the Code E "No Workers/No Wages" field contains a zero.
- Must be generated for each Code E record.
- See the Employee Wage Record (Code S) description for information about reporting money amounts.

Code F: Final Record
- Indicates the end of the file and MUST be the last data record on each file. For multiple volume diskettes, see "Multiple-Volume Submission" in the Diskette Technical Requirements section.
- Must appear only once on each file, after the last Code T record.
- See the Employee Wage Record (Code S) description for information about reporting money amounts.

"A" Record Type: Transmitter Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Descriptions and Remarks
1	Record Identifier	1	A/N	Constant "A"
2-5	Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Transmitter's Federal Employer Identification Number	9	A/N	Transmitter's Federal Employer ID number. enter only numeric characters. Omit hyphen, prefixes & suffixes.
15-18	Taxing Entity Code	4	A/N	Constant "UTAX"
19-23	Blank	5	A/N	Enter blanks.
24-73	Transmitter Name	50	A/N	Enter the name of the organization submitting the file. Exactly as the Employer is registered with the state Unemployment Insurance agency.
74-113	Transmitter Street Address	40	A/N	Enter the street address of the organization submitting the file.
114-138	Transmitter City	25	A/N	Enter the city of the organization submitting the file.
139-140	Transmitter State	2	A/N	Enter the standard two character FIPS postal abbreviation. See Appendix A.
141-153	Blank	13	A/N	Enter blanks.
154-158	Transmitter Zip Code	5	A/N	Enter a valid zip code.
159-163	Transmitter Zip Code Extension	5	A/N	Use this field as necessary for the four digit extension of the zip code. Include hyphen in position 159. If unknown, fill with blanks.
164-193	Transmitter Contact	30	A/N	Title of individual from transmitter organization who is responsible for the accuracy and completeness of the wage report.
194-203	Transmitter Contact Telephone Number	10	A/N	Telephone number at which the transmitter contact can be telephoned.
204-207	Telephone Extension/ Box	4	A/N	Enter transmitter telephone extension or message box.
208-213	Tape Transmitter/ Authorization Number	6	A/N	Identifier assigned to the entity transmitting the file. **Not required by Montana.**
214	C-3 Data	1	A/N	Enter blanks. **Not required by Montana.**
215-219	Suffix Code	5	A/N	**Not required by Montana.**
220	Allocation Lists	1	A/N	**Not required by Montana.**
221-229	Service Agent I.D.	9	A/N	**Not required by Montana.**
230-242	Total Remittance Amount	13	A/N	**Not required by Montana.**
243-248	Media Creation Date	6	A/N	Enter date: MMDDYY
249-275	Blank	27	A/N	Enter blanks.

"B" Record Type: Authorization Record

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A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "B".
2-5	Payment Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Transmitter's Federal EIN	9	A/N	Transmitter's Federal Employer ID number. enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-22	Computer	8	A/N	Enter the manufacturer's name.
23-24	Internal Label	2	A/N	SL = IBM standard label NL = no label NS = Non-standard label AL = ANSI label **Not required for diskettes or CD.**
25	Blank	1	A/N	Enter a blank.
26-27	Density	2	A/N	'18' = IBM 3480 and 3490 cartridges. **Not required for diskettes or CD.**
28-30	Recording Code (Character Set)	3	A/N	Enter 'EBC' for EBCDIC; 'ASC' for ASCII. Use only ASCII for diskettes and CD.
31-32	Number of Tracks	2	A/N	'18' = IBM 3480 and 3490 cartridges. **Not required for diskettes or CD.**
33-34	Blocking Factor	2	A/N	Enter the blocking factor of the file, not to exceed 85. **Not required for diskettes or CD.**
35-38	Taxing Entity Code	4	A/N	Constant "UTAX"
39-146	Blank	108	A/N	Enter blanks.
147-190	Organization Name	44	A/N	The name of the organization to which the cartridge should be returned. **Not required for diskettes or CD.**
191-225	Street Address	35	A/N	The street address of the organization to which the cartridge should be returned. **Not required for diskettes or CD.**
226-245	City	20	A/N	The city of the organization to which the cartridge should be returned. **Not required for diskettes or CD.**
246-247	State	2	A/N	Enter the standard two character FIPS postal abbreviation. **Not required for diskettes or CD.**
248-252	Blank	5	A/N	Enter blanks.
253-257	Zip Code	5	A/N	Enter a valid zip code. **Not required for diskette CD.**
258-262	Zip Code Extension	5	A/N	Enter four-digit extension of zip code, being sure include the hyphen in position 258. If N/A, enter blanks. **Not required for diskettes or CD.**
263-275	Blank	13	A/N	Enter blanks.

"E" Record Type: Employer Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "E"
2-5	Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Employer's Federal EIN	9	A/N	Employer's Federal Employer ID number. enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-23	Blank	9	A/N	Enter blanks.
24-73	Employer Name	50	A/N	The first 50 positions of the Employer's name. exactly as the Employer is registered with the state Unemployment Insurance Agency.
74-113	Employer Street Address	40	A/N	Enter the street address of the Employer.
114-138	Employer City	25	A/N	Enter the city of the Employer's mailing address.
139-140	Employer State	2	A/N	Enter the standard two character FIPS postal abbreviation. See Appendix A.
141-148	Blank	8	A/N	Enter blanks.
149-153	Employer Zip Code Extension	5	A/N	Enter four-digit extension of zip code being sure to include the hyphen in position 149. If unknown, fill with blanks.
154-158	Employer Zip Code	5	A/N	Enter a valid zip code.
159	Name Code	1	A/N	**Not required by Montana.** Enter blanks.
160	Type of Employment	1	A/N	Enter the appropriate code: A= Agriculture X= Railroad H= Household R= Regular M= Military Q= Medicare qualified gov't employment **Not required by Montana.**
161-162	Blocking Factor	2	A/N	Enter blocking factor of the file, not to exceed 85. **Not required for diskette or CD.**
163-166	Establishment Number or coverage Group/PRU	4	A/N	Enter either the establishment number or the coverage group/PRU. Otherwise, enter blanks. **Not required by Montana.**
167-170	Taxing Entity Code	4	A/N	Constant "UTAX".
171-172	State Identifier Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. Montana, FIPS=30.
173-187	State UI Employer Account Number	15	A/N	Enter the state UI employer account number.
188-189	Reporting Period	2	A/N	Enter the last month of the calendar quarter to which the report applies. "03"= 1st Quarter "09"= 3rd Quarter "06"= 2nd Quarter "12"= 4th Quarter

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
190	No Workers/ No Wages	1	A/N	0= Indicates that the E record will not be followed by S, employee records. 1= Indicates that the E record will be followed by S, employee records.
191	Tax Type Code	1	A/N	Enter a blank. **Not required by Montana.**
192-196	Taxing Entity Code	5	A/N	Enter a blank. **Not required by Montana.**
197-203	State Control Number	7	A/N	Enter blanks. **Not required by Montana.**
204-208	Unit Number	5	A/N	Enter blanks. **Not required by Montana.**
209-255	Blank	47	A/N	Enter blanks. **Not required by Montana.**
256	Foreign indicator	1	A/N	If data in positions 74-158 is for a foreign address, enter the letter "X", else a blank. **Not required by Montana.**
257	Type of Information	1	A/N	If file contains only wage information, enter a "W" If file contains only tax information, enter a "T". If file contains both wage and tax information, enter a "B".
258-266	Other EIN	9	A/N	Enter blanks if no other EIN was used. **Not required by Montana.**
267-275	Blank	9	A/N	Enter blanks.

"S" Record Type: Employee Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "S".
2-10	Social Security Number	9	A/N	Employee's Social Security number. If not known, enter "I" in position 2 and blanks in positions 3-10.
11-30	Employee Last Name	20	A/N	Enter employee's last name.
31-42	Employee First Name	12	A/N	Enter employee's first name.
43	Employee Middle Initial	1	A/N	Enter employee's middle initial. If no middle initial, enter a blank.
44-45	State Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. **MT = 30**.
46-49	Reporting Quarter and Year	4	A/N	Enter the last month and year for the quarter this report applies; e.g. "0305" Jan-March of 2005.
50-63	State Quarter Total Gross Wages	14	N	Enter quarterly wages subject to all taxes. Include all tip income. **Not required by Montana.**
64-77	State Quarter UI Total Wages	14	N	Enter quarterly wages subject to unemployment taxes. Include all tip income.
78-91	State Quarter UI Excess Wages	14	N	Quarterly wages in excess of the state UI taxable wage base. **For Governmental or Reimbursable employers, must be zeros**.
92-105	State Quarter UI Taxable Wages	14	N	State quarter UI total wages less state quarter. UI Excess wages. **For Governmental and Reimbursable employers, must be equal to "State Quarter UI Total Wages".**
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	Enter zeros. **Not required by Montana.**
121-129	Quarterly Tip Wages	9	N	Include all tip income. **Not required by Montana.**
130-131	Number of Weeks Worked	2	A/N	The number of weeks worked in the reporting period. **Not required by Montana.**
132-134	Number of Hours Worked	3	A/N	The number of hours worked in the reporting period. **Not required by Montana.**
135-138	Date First Employed	4	A/N	Enter the month and year, e.g., "0193". **Not required by Montana.**
139-142	Date of Separation	4	A/N	Enter the month and year, e.g., "0193". **Not required by Montana.**
143-146	Taxing Entity Code	4	A/N	Constant "UTAX".
147-161	State UI Employer Account Number	15	A/N	State account number assigned for unemployment insurance reporting purposes.
162-176	Unit/Division Location/Plant Code	15	A/N	The ID assigned to identify wages by worksite. **Not required by Montana.**
177-190	State Taxable Wages	14	A/N	Enter wages subject to state income tax. **Not required by Montana.**
191-204	State Income Tax Withheld	14	A/N	Enter state income tax withheld. **Not required by Montana.**

"S" Record Type: Employee Record, continued

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
205-206	Seasonal Indicator	2	A/N	Enter blanks. **Not required by Montana.**
207	Employer Health Insurance Code	1	A/N	Enter blanks. **Not required by Montana.**
208	Employee Health Insurance Code	1	A/N	Enter blanks. **Not required by Montana.**
209	Probationary Code	1	A/N	Enter blanks. **Not required by Montana.**
210	Officer Code	1	A/N	For employees who are officers of the corporation, enter "1". Default value = "0". **Not required by Montana.**
211	Wage Plan Code	1	A/N	Enter blanks. **Not required by Montana.**
212	Month 1 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including 12th day of the 1st month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period Enter blanks if not available.
213	Month 2 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 2nd month of the reporting perio Enter blanks if not available.
214	Month 3 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 3rd month of the reporting perio Enter blanks if not available.
215-220	Blanks	6	A/N	Enter blanks.
221-226	Date First Employed	6	A/N	Enter blanks. **Not required by Montana.**
227-232	Date of Separation	6	A/N	Enter blanks. **Not required by Montana.**
233-275	Blanks	43	A/N	Enter blanks.

"T" Record Type: Total Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "T".
2-8	Total Number of Employees	7	N	The total number of "S" records reported. The total number of "S" records since the last "E" record.
9-12	Taxing Entity Code	4	A/N	Constant "UTAX"
13-26	State Quarter Total Gross Wages for Employer	14	N	Quarterly Gross Wages subject to all taxes. Total of this field on all "S" records since the last "E" record. **Not required by Montana.**
27-40	State Quarter UI Total Wages for Employer	14	N	Quarterly Gross Wages subject to state UI Tax. Include all tip income. Total of this field on all "S" records since the last "E" record.
41-54	State Quarter UI Exces Wages for Employer	14	N	Quarterly Wages in excess of the state UI Taxable wage base. Total of this field on all "S" records since the last "E" record. **For Governmental or Reimbursable Employers, must be zeros**.
55-68	State Qtr. UI Taxable Wages for Employer	14	N	State quarterly UI Total Wages less State quarter UI Excess Wages. Total of this field on all "S" records since the last "E" record**. For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Wages".**
69-81	Quarterly Tip Wages for Employer	13	N	Enter all tip income. Totals of this field on all "S" records since the last "E" record. **Not required by Montana.**
82-87	TOTAL UI Tax Rate this Quarter	6	A/N	The employer's Total UI Tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 3.1% = .03100. For Regular and Governmental employers it is equal to the UI Contribution Rate plus the Administrative Fund Tax Rate as shown on the yearly rate notice covering this reporting period. For Reimbursable employers, it is equal to the Administrative Fund Tax Rate, which is .00050.
88-100	State Quarter UI Taxes Due	13	N	UI taxes due. Quarterly state UI taxable wages times TOTAL UI tax rate.
101-111	Previous Quarter(s) Adjustments	11	N	Enter here any adjustments or amendments to previous quarter reports. Enter zeros if not applicable.
112-122	Interest on Late Payments	11	N	Interest is computer at the rate of 1.5% per month or 18% per year of the amount in "State Quarter UI Taxes Due" field. Enter zeros if not applicable.
123-133	Penalty	11	N	The penalty for being late is $25.00. Enter zeros if not applicable.

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
134-144	Credit\Overpayment	11	N	Enter here any overpayment existing on your account on the date this report was generated for mailing. Overpayments (credits) are subject to prior usage.
145-148	Employer Assessment Rate	4	A/N	Enter blanks. **Not required by Montana.**
149-159	Employer Assessment Amount	11	N	Enter zeros. **Not required by Montana.**
160-163	Employee Assessment Rate	4	A/N	Enter blanks. **Not required by Montana.**
164-174	Employee Assessment Amount	11	N	Enter zeros. **Not required by Montana.**
175-185	Total Payment Due	11	N	Enter the total of "State Quarter UI Taxes Due" plus "Previous Quarter(s) Adjustments" plus "Interest" plus "Penalty", minus any amount in "Credit/Overpayment".
186-198	Allocation Amount	13	N	Enter zeros. **Not required by Montana.**
199-212	Wages Subject to State Income Tax	14	N	Enter zeros. **Not required by Montana.**
213-226	State Income Tax Withheld	14	N	Enter zeros. **Not required by Montana.**
227-233	Month 1 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the first month of the reporting period. Enter blanks if not available.
234-240	Month 2 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the second month of the reporting period. Enter blanks if not available.
241-247	Month 3 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the third month of the reporting period. Enter blanks if not available.
248-250	County Code	3	A/N	Enter blanks. **Not required by Montana.**
251-257	Outside County Employees	7	A/N	Enter blanks. **Not required by Montana.**
258-267	Document Control Number	10	A/N	Enter blanks. **Not required by Montana.**
268-275	Blanks	8	A/N	Enter blanks.

"F" Record Type: Final Record

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
1	Record Identifier	1	A/N	Constant "F".
2-11	Total Number of Employees in File	10	N	Enter the total number of "S" records in the entire file. **Not required by Montana.**
12-21	Total Number of Employers in File	10	N	Enter the total number of "E" records in the entire file. **Not required by Montana.**
22-25	Taxing Entity Code	4	A/N	Constant "UTAX". **Not required by Montana.**
26-40	Quarterly Total Gross Wages in File	15	N	Quarterly Gross Wages subject to all taxes. Total of this field for all "S" records in the file. **Not required by Montana.**
41-55	Quarterly State UI Gross/Total Wages in File	15	N	Quarterly Gross Wages subject to state UI tax. Include all tip income. Total of this field on all "S" records in the file. **Not required by Montana.**
56-70	Quarterly State UI Excess Wages in File	15	N	Quarterly Wages in excess of the state UI Taxable wage base. Total of this field on all "S" records in the file. **For Governmental and Reimbursable Employers, must be zeros. Not required by Montana.**
71-85	Quarterly State UI Taxable Wages in File	15	N	State UI Gross/Total Wages less quarterly state UI Excess Wages. Total of this field on all "S" records in the file. **For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Wages". Not required by Montana.**
86-100	Quarterly State Disability Insurance Taxable Wages in File	15	N	Enter zeros. **Not required by Montana.**
101-115	Quarterly Tip Wages in File	15	N	Enter all tip income. Total of this field for all "S" records on the file. **Not required by Montana.**
116-123	Month 1 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 1st month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**
124-131	Month 2 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**

"F" Record Type: Final Record, continued

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; left justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

Location	Field	Length	Type	Description and Remarks
132-139	Month 3 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**
140-275	Blanks	136	A/N	Enter Blanks.

FEDERAL INFORMATION PROCESSING STANDARD (FIPS 5-2)
POSTAL ABBREVIATION AND NUMERIC CODES

	Abbreviation	Numeric Code		Abbreviation	Numeric Code
Alabama	AL	01	Montana	MT	30
Alaska	AK	02	Nebraska	NE	31
Arizona	AZ	04	Nevada	NV	32
Arkansas	AR	05	New Hampshire	NH	33
California	CA	06	New Jersey	NJ	34
Colorado	CO	08	New Mexico	NM	35
Connecticut	CT	09	New York	NY	36
Delaware	DE	10	North Carolina	NC	37
District of	DC	11	North Dakota	ND	38
Columbia			Ohio	OH	39
Florida	FL	12	Oklahoma	OK	40
Georgia	GA	13	Oregon	OR	41
Hawaii	HI	15	Pennsylvania	PA	42
Idaho	ID	16	Rhode Island	RI	44
Illinois	IL	17	South Carolina	SC	45
Indiana	IN	18	South Dakota	SD	46
Iowa	IA	19	Tennessee	TN	47
Kansas	KS	20	Texas	TX	48
Kentucky	KY	21	Utah	UT	49
Louisiana	LA	22	Vermont	VT	50
Maine	ME	23	Virginia	VA	51
Maryland	MD	24	Washington	WA	53
Massachusetts	MA	25	West Virginia	WV	54
Michigan	MI	26	Wisconsin	WI	55
Minnesota	MN	27	Wyoming	WY	56
Mississippi	MS	28			
Missouri	MO	29			

TERRITORIES AND POSSESSIONS

American Samoa	AS
Guam	GU
Puerto Rico	PR
Virgin Islands	VI
Northern Mariana Islands	MP

MILITARY POST OFFICES (APO AND FPO)

Canada, Europe, Africa and the Middle East	AE
Central and South America	AA
Alaska and the Pacific	AP
Contingency Operations	AC

GLOSSARY

AGENT - An organization (e.g., service bureau, parent company) authorized to submit wage and tax reports for one or more employers.

ASCII (American Standard Code for Information Interchange) - One of the acceptable character sets used for electronic processing of data.

BLOCK - PHYSICAL RECORD.

BLOCK DESCRIPTOR WORD (BDW) - A control field used in electronic data processing to identify the length of a physical record on a magnetic tape. The BDW usually precedes the physical record.

BPI - Bytes per inch. Same as CPI.

BYTE - A computer unit of measure; one byte contains eight bits and can store one character.

CHARACTER - A letter, number or punctuation symbol.

CHARACTER SET - A group of unique electronic definitions for all letters, numbers and punctuation symbols; example: EBCDIC, ASCII.

CHARACTERS PER INCH (CPI) - The number of characters recorded per inch on cartridge.

CONTROL WORD - One or more bytes/characters used in electronic data processing for internal processing instructions.

CPI - Characters per inch.

DECIMAL VALUE - A character's equivalent in a numbering system using base 10.

EBCDIC (Extended Binary Coded Decimal Interchange Code) - One of the acceptable character sets used for electronic processing of data.

EIN - Employer Identification Number.

FEDERAL EMPLOYER IDENTIFICATION NUMBER - A nine-digit number assigned by the IRS to an organization for federal tax reporting purposes. This number never begins with "69."

FILE (Multiple Volume) - If the amount of information to be filed exceeds the capacity of a single cartridge, diskette, or CD, a second or additional cartridge, diskette, or CD can be filed. Each file must begin with a Code A record and end with a Code F record.

HEADER LABELS - Sets of records that precede data records on a magnetic tape file.

INTERNAL LABELS - Sets of records that precede (i.e., header labels) and follow (i.e., trailer labels) data records on a magnetic tape file.

LOGICAL RECORD - For the purpose of this booklet, any of the required or optional records defined in the ICESA FORMAT section.

PHYSICAL RECORD - A number of logical records grouped and written together as a single unit on a magnetic tape. For reporting Unemployment Insurance data on magnetic tape, a physical record may contain a maximum of 85 logical records.

RECORDING CODE - Same as CHARACTER SET.

STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER - An employer identification number assigned by a State to an employer for the purposes of filing Unemployment Insurance wage and tax reports to State agencies.

TAPEMARK - A single-character control record used for separating internal labels and files on magnetic tape.

TRAILER LABELS - Sets of records that follow data records on a magnetic tape file.

TRANSMITTER - Person, organization, or reporting agent submitting a magnetic media file.

Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59601-6339 (406) 444-3834 (406) 444-0629	MONTANA UNEMPLOYMENT INSURANCE ELECTRONIC MEDIA REPORTING APPLICATION

Employer Business Name or Agent's Name	UI Account No.

Address: (No., Street)

City, State and Zip Code

If reporting for multiple employers, number of employers:	Report information is:	Wage information <u>only</u> ☐ Wage and Tax information ☐

☐ Cartridges   ☐ CD   ☐ Diskette

For **Diskettes/CDs**, check on each line:

Diskette Size:	☐ 3 ½"	☐ Spreadsheet
Density:	☐ High Density	☐ Low Density

For **Cartridges**, check one on each line:

Cartridge Size:		
Tape Drive Size:	☐ 3480 ☐ 3480	☐ 3490
Compression:	☐ Compressed ☐ EBDIC ☐ Standard Labels	☐ Non-Compressed ☐ ASCII ☐ Unlabeled

For PAYROLL Information, contact: (Name)	Title	Phone No.

For TECHNICAL Information, contact: (Name)	Title	Phone No.

I am requesting approval to report employee wage and/or employer tax information on diskette, CD, or cartridge. I am enclosing a test copy clearly marked "FOR TEST PURPOSES ONLY".

Employer Signature: _____

Title: _____   Date: _____
<center>Please allow three months for testing.</center>

Return to UI Electronic Media Coordinator at address in upper left corner of form.   `UI-111(Rev. 4/2005)`